

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	0					51			
2		1	1				52			
3			1	0			53			
4		1	1				54			
5		1	0				55			
6		1	0				56			
7		1	1				57			
8		1	1				58			
9	1	1					59			
10		1	1				60			
11		1	0				61			
12		1	0				62			
13		1	0				63			
14		1	0				64			
15		1	0				65			
16		1	0				66			
17		1	0				67			
18		1	1				68			
19		1	1				69			
20		1	1				70			
21		1	1				71			
22		1	1				72			
23		1	1				73			
24		1	1				74			
25							75			
26							76			
27							77			
28							78			
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31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3						TOTAL IND.			
TOTAL DEP.	2	1					TOTAL DEP.			
TOTAL CLAIMS	24						TOTAL CLAIMS			